PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

91535196

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN						THAN				
			olumn 1)	(Column 2)		TYPE		OR	SMALL	ENTITY
FOR		NUMBE	R FILED	NUMBER E	:XIRA	RATE	FEE		RATE	FEE
BASIC FEE						3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	345.00	OR		690.00
то	TAL CLAIMS	10	minus 20=	= *		X\$ 9=		OR	X\$18≐	
	EPENDENT CLAIM		minus 3 =	= *		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT				+130=		OR	+260=			
* lf	* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	090
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY						OR	OTHER SMALL E			
ENT A		CLAIMS EMAINING AFTER IENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total *		Minus	.) 0	=	X\$ 9=		OR	X\$18=	
AME	Independent • FIRST PRESENTA		Minus	NDENT CLAIM	=	X39=		OR	XX8=	
÷	FINOT PRESENTA	TION OF MIC		VDENT OFAIN		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(0	Column 1)		(Column 2)	(Column 3)		•			
ENT B		CLAIMS EMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total •	18	Minus	<u>lo</u>	=	X\$ 9=		OR	X\$\8=	
AMENDMENT	Independent +	1	Minus	··· <u>\} </u>	=	X39=		OR	X78=	
	FIRST PRESENTA	I ION OF MU	JLIIPLE DEPE	NDENT CLAIM	<u>\</u>	+130=		OR	+260=	
			•			TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(0	column 1)		(Column 2)	(Column 3)				715011.1 [22]	
AMENDMENT C	F	CLAIMS EMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total •		Minus	**	=	X\$ 9=	*	OR	X\$18=	
AME	Independent •		Minus	***	-	X39=		OR	X78=	
L	FIRST PRESENTA	TION OF MU	JLTIPLE DEPE	NDENT CLAIM		100	1.	1	260-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

$\hat{\mathtt{APPLICATION}}$ NUMBER: _	OS S35194
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Total Fee Calculation

· ,	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	-	Total
	Sm./Lg.				Sm. Entity	Lg. Entity		1.0
Basic Filing Fee	201/101	a 1\(\cdot\)			345	690	 .	1090
Total Claims >20	203/103	-2	0 =	x	9	18	=	
Independent Claims >3	202/102	3	=	x	39	18	-	
Mult. Dep Claim Present	204/104				130	2-60	"	
Surcharge	205/105				65	130	-	130
English Translation	139							
TOTAL FEE CALCULA	ATION							800.

Fees due upon filing the application:

Total Filing Fees Due =	s	M
Less Filing Fees Submitted	-\$	0
BALANCE DUE	= \$	EW .
This		

FORM OIPE-RAM-01 (Rev. 12/97)